



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-9090
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

ALARM PERMIT APPLICATION

ADDRESS AND LOCATION OF ALARM (Please Print or Type)

Business Name if Applicable

Business Phone Number

Street Address

Zip Code

Location of Alarm

OWNER INFORMATION

First Name

Middle Initial

Last Name

Home Street Address (if different than above)

Home Phone Number

City

State

Zip Code

USER INFORMATION (IF DIFFERENT FROM OWNER)

First Name

Middle Initial

Last Name

Home Street Address

Home Phone Number

City

State

Zip Code

IS YOUR ALARM MONITORED BY AN ALARM COMPANY? YES / NO

If "Yes" which company?

Name

Address

Phone Number

ALTERNATE KEY HOLDERS

Full Name – Key Holder #1

Address

Phone Number

Full Name – Key Holder #2

Address

Phone Number

Alarm Permit Fee: \$27.00

Make Checks Payable To: City of Saint Paul

Mail To:

DSI – Alarm Permits
375 Jackson Street, Suite 220
Saint Paul MN 55101-1806

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:

☐

American Express

☐

Discover

☐

MasterCard

☐

Visa

EXPIRATION DATE:

ACCOUNT NUMBER:

Name of Cardholder (please print)

Signature of Card Holder (required for all charges)

Date